



OFFICE OF THE CLERK AND TREASURER

149 CHURCH STREET

BURLINGTON, VT 05401

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Encumbrance Application / Renewal

DBA NAME: _____ DATE: _____
CONTACT NAME: _____ PHONE: _____
MAILING ADDRESS: _____ FAX: _____
_____ EMAIL: _____

DBA NAME: _____

COMPANY: _____

LOCATION OF ENCUMBRANCE: _____

Permission is requested to allow/continue the encumbrance in the following area and manner (please describe fully, including size and physical barriers around area i.e. trees, grates, parking meters, etc with photos, diagrams, blueprints; may reference prior application):

Description: _____

Total Square Feet (\$1.00 per SF): _____

PLEASE ATTACH:

1. Certificate of Liability Insurance with holder as the: "CITY OF BURLINGTON, CLERK/TREASURER'S OFFICE ENCUMBRANCE APPLICATION DEPT., 149 CHURCH ST., BURLINGTON, VT 05401" with a 30 DAY NOTICE FOR CANCELLATION EFFECTIVE MAY 1 TO APRIL 30 OF THE CURRENT YEAR in the amount of \$2 million for the general aggregate and \$1 million for each occurrence. Your insurance agent can fax the certificate to this office at the above number.

2. Sketch, Photo, or Blueprint of what you are proposing.

3. Check for the square feet fees (\$1 per square foot) + \$25 Application fee: _____

Signature: _____ Date: _____

For office use only: Amount received \$ _____ on _____ Check # _____

Sent to DPW: _____ Sent to Attorney: _____